

Instructions for Completing the TB Class Follow-up Worksheet

Needed:	Who/ Process:
*An IGRA is preferable to the TST for refugees/immigrants because many have received the BCG vaccine. BCG vaccination may cause a false-positive reaction to the TST; IGRAs are not affected by prior BCG vaccination. A TST is preferred for testing children under age five.	 * All refugees* regardless of TB class status. *Refugees with a documented positive TST should not have a repeat TST. These individuals should receive a new CXR and begin LTBI tx if the CXR rules out active TB. Refugees with a documented history of TB treatment should not have a repeat TST or IGRA. * Class B immigrants who agree to the IGRA/TST (often dependent upon insurance coverage).
CXR	 All Class B refugees and immigrants require a U.S. CXR regardless of TST/IGRA result. Refugees/ immigrants with a positive TST** or IGRA test:
	**TST: induration of ≥5mm is positive in those who: • Are HIV-positive • Were recently in close contact with someone with infectious TB • Have a CXR consistent with prior TB • Have had an organ transplant • Are immunosuppressed due to a condition or medication **TST: induration of ≥10mm is positive in: • All other refugees and immigrants.
	 Refugees/ immigrants with signs and symptoms suggestive of active TB, regardless of TST/IGRA result.
LTBI treatment	Refugees/ immigrants with a positive TST/IGRA and normal CXR or abnormal CXR consistent with old healed TB disease (with no documented history of treatment).
	Fax a Patient Information Form to IDPH along with the patient's CXR report to begin treatment.
	Newly arrived refugees diagnosed by an IGRA are eligible for a twelve- dose regimen (INH/Rifapentine one time/ week for twelve weeks). Call the IDPH TB Program Manager (515-281-7504) or TB Nurse Consultant

	(515-281-8636) for more information.
Sputum Collection	Refugees/ immigrants whose CXR could not rule out active TB.
	Refugees/ immigrants who are symptomatic for active TB.
	Collect (or request that the local health department collect) three sputa and submit to SHL (State Hygienic Lab, 1-800-421-4692) for analysis.
	Please report all suspected active cases of TB disease to the IDPH TB Program
	Manager (515-281-7504) or TB Nurse Consultant (515-281-8636) within one
	working day. Do not wait for culture results.

Please submit all TB follow-up worksheets to:

Julie Peterson, Refugee Health Program Iowa Department of Public Health 321 E 12th St., Des Moines, IA, 50319-0075

For more information, contact Julie Peterson:

Phone: (515) 281-0433; fax: (515) 281-4570

http://www.idph.state.ia.us/immtb/RefugeeHealth.aspx?prog=Rh&pg=RhHome Revised 01/2014